## Iowa Racing and Gaming Commission (IRGC) License Application Revised 05/19/16

## Please print legibly and use blue or black ink only.

1. IRGC License Fees (mark app	ropriate box)	999 Commission	2			
\$10 License Fees			3			
101 Non-Racing/Gaming "O"	107 Groom/Hot Walker	115 Trainer	Date Licensed:			
102 Vendor Employee	108 Jockey 116 Practicing Veterinarian					
103 Apprentice Jockey	109 Jockey Agent 117 Owner (Thoroughbred)			CA		
104 Assistant Trainer 105 Exercise Rider	110 Kennel Helper 118 Owner (Quarter horse)		Fingerprint Fee:			
106 Farrier		112 Owner (Greyhound) 121 Practicing Vet Asst 114 Pony Rider 902 Open Claim		DB		
Too Tame.	only rade.	Total:				
\$20 License Fees						
207 Contract Kennel Owner 212 Owner/Trainer THB 215 Racing/Gaming "A"   ID:and _						
208 Exercise/Pony Rider 213 Owner/Trainer QTR 216 Racing/Gaming "C"						
Disclosure of your social security nu	· · · · · · · · · · · · · · · · · · ·		13) and Iowa Code Sections 252J.	8(1) and 99D.8A		
2. Social Security No. 3. Na		Middle (full name)	Maiden Name (if applicable) A			
2. Coolai Cocarty No.	er Last Thet	madio (ran riamo)	maiden Hame (ii applicable)	macco (ii acca)		
4. Marital Status 5. Spouse'	's name: Last	First Midd	dle Initial Maiden Nam	e (if applicable)		
Married / Single	S Haille. Last	riist iviido	de ililiai Waldeli Naili	е (п аррпсавіе)		
<u> </u>		. I = 0 (1 1AI				
6. Permanent Mailing Address (wh	nere papers may be personally served	d) /. Current Local Add	dress: (P.O. Box address allowed)			
Number and Street or Rural Route		Number and Street or Rural R	Route			
City	State Zip Code	City	State	Zip Code		
E-mail:						
8. Home Phone: ( )	9. Birth date	(MM/DD/YY) 10. Place of	Birth (City and State; List	11. U.S. Citizen?		
, ,		country if other	than U.S.)	Yes / No		
Antomato i nono: (						
` '	- / ht Weight Gen	/ Evo Color Hair	Color Pacial/Ethnic Group			
Alternate Phone: ( ) 12. Physical Description: Heigi	ht " Weight Gen	der Eye Color Hair	Color Racial/Ethnic Group			
12. Physical Description: Heig	ht Weight Gen	-	Color Racial/Ethnic Group			
12. Physical Description: Heig	ht Weight Gen  " Ibs. M stions:	nder Eye Color Hair	·	Yes No		
<ul> <li>12. Physical Description: Heiging</li> <li>13. Occupational Licensing Que</li> <li>A Have you ever been convicted, (This includes adjudications of description)</li> </ul>	ht "Weight Gen "Ibs. M stions: pled "guilty" or "no contest" to a selinquency & military convictions,	der Eye Color Hair / F  any criminal offense other tincluding summary court-ma	han a traffic violation?	Yes No		
<ul> <li>12. Physical Description: Heig,</li> <li>13. Occupational Licensing Que</li> <li>A Have you ever been convicted, (This includes adjudications of de</li> <li>B Have you ever had your driver's</li> </ul>	ht "Weight Gen Ibs. M stions: pled "guilty" or "no contest" to a selinquency & military convictions, as license suspended or revoked	Ander Eye Color Hair  I F  any criminal offense other to including summary court-mand?	han a traffic violation?	Yes No		
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**Commission Use Only** 

Occurred

Reviewing Official:\_\_\_\_\_ Outcome: I P D

Type

Applicant's Position:\_\_

Category

Review Type: INI / REL Date: \_\_\_

15. Have you, or are	e you licensed by any racing or gaming commi	ssion/authority? Yes / No If yes,	please complete the following:		
State:Position held:					
State:Position held:		Year(s)	Year(s)		
15 a. Last U.S. state	where you were fingerprinted:	Month/	Month/Year:/		
16. Employment in Dates (from / to)	the last 5 years: (continue on a blank shee  Name and address of employer or business	t of paper if more room is needed  Type of business	Position held		
17. Addresses of lo	ocations where you have lived in the last 3 y  Number and street or rural route	ears: (use blank sheet of paper if	more room is needed) State		
<ul> <li>18. Racing animal owners only: List name(s) of horses or greyhounds you plan to race in lowa that are owned wholly or in part, or leased by you. If leased, add a capital "L" beside the name of the horse or greyhound.</li> <li>A. Do you race under a stable or kennel name, corporation or partnership? Yes No Name</li></ul>					
B. Do you own thes  Name of horse(s)/g	e horses or greyhounds in partnership with any reyhound(s) Animal's A		Your Share (%)		
19. YOUR TRAINE	R'S NAME:				
20. Trainers Only: Owner	Provide the following owner information (owne Address	rs for whom you are training).	Number of horses/greyhounds:		
Certification Statement: I hereby certify that the information provided on both sides of this application form is true and correct to the best of my knowledge and I agree to inform the lowa Racing and Gaming Commission (Commission) of changes or updates to the information I have provided on this form, to include any future criminal convictions/pending charges.  I hereby make application for a license to be issued in accordance with the terms and provisions of the rules and regulations of the Commission. In making this application for a license to participate in racing and/or gaming, I understand that an investigative report may be made whereby information is obtained through FBI personal interviews with third parties such as family members, business associates, financial sources (including requesting a credit report from a credit bureau), friends, neighbors, AmercianChecked, or others with whom I am acquainted. I further understand that this report will include information pertaining to my criminal history, credit history, character, general reputation and personal characteristics which may be applicable.  §99D.8A(4) and 99F.6(6) of the Code of Iowa: "A person who knowingly makes a false statement on the application is guilty of an aggravated misdemeanor." Penalty for such may result in a fine up to \$5,000, imprisonment up to 2 years, or both.  My signature verifies that I understand that failure to provide true and complete information, or failure to comply with Commission rules may result in a fine, suspension, denial, or revocation of this license.					
Employer's Printed	d Name	Interpreter's Signature (if applie	cable)		
Employer's Signat	ure (authorized signature)	Applicant's Signature	Date		